MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03882

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert C. H.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ~~Prince~~ Lusby
STREET ADDRESS (If rural give location) Md

3. NAME OF DECEASED: (Type or Print) (First) Claudette (Middle) Beverly (Last)
4. DATE OF DEATH: (Month) 4 (Day) 13 (Year) 1953

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: 5/12/39
9. AGE last birthday: 13 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: School
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Raymond Beverly
14. MOTHER'S MAIDEN NAME: Clara Johnson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Clara Beverly

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 816X
Immediate cause (a) Fractured skull
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death: 12 hrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Auto wreck

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway
(CITY OR TOWN) Dowell (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) 4 (Day) 12 (Year) 53 (Hour) 7 P m.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR? Auto accident - 3 car collisio

22. I hereby certify that I attended the deceased from ..... 19 ..... to ....., 19 ....., that I last saw the deceased alive on ....., 19 ....., and that death occurred at 7 A, from the causes and on the date stated above.
SIGNATURE H. McCand (Degree or title) V. M. E. ADDRESS Ocean Md DATE SIGNED 4/13/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-15-53
NAME OF CEMETERY OR CREMATORY St. Johns
LOCATION (City, town, or county) Calvert Co. (State) Md
DATE REC'D BY LOCAL REGISTRAR 4-14-53
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P. E. Sewell ADDRESS Prince Frederick Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Item 21 - from State Police - by phone - 4-16-53 ams

RECEIVED
APR 16 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03883

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert Co

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lusby Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Erskine (Middle) L (Last) Beverly Beverly
4. DATE OF DEATH: (Month) 4 (Day) 12 (Year) 1953

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: May 13/52
9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR Months 10 Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md-Calvert Co
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Warren Beverly
14. MOTHER'S MAIDEN NAME: Evelyn Clark

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Warren Beverly

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

816X

Immediate cause (a) Fractured Skull

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Auto accident

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) Highway
(CITY OR TOWN) Dowell (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) 4 (Day) 12 (Year) 53 (Hour) 7 P.M.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR? Auto acc. - 3 car collision

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE H. W. Ward (Degree or title) M E Ormy Md ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-15-53
NAME OF CEMETERY OR CREMATORY St Johns
LOCATION (City, town, or county) Calvert Co. (State) Md
DATE REC'D BY LOCAL REGISTRAR 4-14-53
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P. E. Sewell ADDRESS Prince Frederick Md

2052215405

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

Item 21 - inf. from State Police by phone, 4-16-53 ams

RECEIVED
APR 16 1953
BUREAU V. S.

Item 3 Film 153 4/20/53 mhw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03884

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Prince Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lusby Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Raymond (Middle) Beverly J. (Last) (Beverly)

4. DATE OF DEATH: (Month) 4 (Day) 12 (Year) 1953

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S | 8. DATE OF BIRTH: 9/25/34 | 9. AGE last birthday: 18 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Farm on farm | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Raymond Beverly | 14. MOTHER'S MAIDEN NAME: Clara Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: Warren Beverly

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

816 X
Immediate cause (a) Fractured skull, jaw
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) and left femur
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Auto accident

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway | (CITY OR TOWN) Lusby (COUNTY) Calvert (STATE) Md

TIME OF INJURY (Month) 4 (Day) 12 (Year) 53 (Hour) 7 P m. | INJURY OCCURED While at Work ☐ Not While At Work ☒ | HOW DID INJURY OCCUR? Auto acc. - 3 car collision

22. I hereby certify that I attended the deceased from ~~....., 19.....~~ to ~~....., 19.....~~, that I ~~last~~ saw the deceased alive on ~~....., 19.....~~, and ~~that~~ death occurred at 7 P, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 4-15-53 | NAME OF CEMETERY OR CREMATORY St Johns | LOCATION (City, town, or county) Calvert Co. (State) Md

DATE REC'D BY LOCAL REGISTRAR 4-14-53 | REGISTRAR'S SIGNATURE H. W. Ward | 24. FUNERAL DIRECTOR ADDRESS P.E. Sewell Prince Frederick Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Item 21 - from State Police - by phone, 4-16-53 ams

RECEIVED
APR 16 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03885

CERTIFICATE OF DEATH

Reg. Dist. No. 57

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert Co

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lusby Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Warren (Middle) Bundy (Last) Bundy Jr
4. DATE OF DEATH: (Month) 4 (Day) 12 (Year) 1953
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 3/17/51
9. AGE last birthday: 2 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Warren Bundy
14. MOTHER'S MAIDEN NAME: Ernestine Clark
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Warren Bundy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
816X
Immediate cause (a) Fractured Skull — Interval Between Onset And Death
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Intoxicated

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Road (CITY OR TOWN) Lusby (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) 4 (Day) 12 (Year) 53 (Hour) 7 m.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR? Auto acc. - 3 car collision

22. I hereby certify that I attended the deceased from 4-12-53, 19..... to 4-12-53, 19....., that I last saw the deceased alive on 4-12-53, 19....., and that death occurred at 7 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
H. W. Ward M.D. Prince Frederick Md 4-12-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-15-53
NAME OF CEMETERY OR CREMATORY St Johns
LOCATION (City, town, or county) Calvert Co. (State) Md
DATE REC'D BY LOCAL REGISTRAR 4-14-53
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR ADDRESS P E Sewell Prince Frederick Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Item 21 - inf. from State Police by phone, 4-16-53 ams

RECEIVED
APR 16 1953
BUREAU V. S.

03886

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 52

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chas Beach
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY P. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale Md
STREET ADDRESS (If rural, give location) 4904 Riverdale Rd

3. NAME OF DECEASED (Type or Print) (First) Wayne (Middle) Andrew (Last) Chinn
4. DATE OF DEATH (Month) 4 (Day) 12 (Year) 53

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH 6/5/33
9. AGE last birthday 19 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Medicine
10b. KIND OF BUSINESS OR INDUSTRY Excavation (Canova Bros.)
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Wayne A. Chinn
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-28-6410
17. INFORMANT AND ADDRESS Wayne A. Chinn

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Drown

850.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Boat turned over 3/24/53

(c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Drowned 3/24/53 Found 4/12/53

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Chas Bay (CITY OR TOWN) Chas Beach (COUNTY) Md (STATE) Calvert Co
TIME OF INJURY (Month) (Day) (Year) (Hour) 3/24/53 5 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Boat turned over

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) H M Ward D. M.E. ADDRESS Owing Md DATE SIGNED 4/12/53

23. BURIAL CREMATION REMOVAL (Specify) Burial
DATE THEREOF April 14, 1953
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) Prince Georges (State) Md.

DATE REC'D BY LOCAL REG. April 12, 1953
REGISTRAR'S SIGNATURE Grace L. Hutchins
24. FUNERAL DIRECTOR Gasch Funeral Home ADDRESS Hyattsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1114

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RECEIVED
APR 17
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lusby
LENGTH OF STAY (in this place): 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lusby
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) Z. (Last) Ditchkowski

4. DATE OF DEATH: (Month) April (Day) 29, (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Sept. 30 1878

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months 6 Days 29 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Moscow - Russia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Vladimir Gsovski

14. MOTHER'S MAIDEN NAME: Maria Dziakova

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: no

17. INFORMANT & ADDRESS: Theodore Ditchkowski - Lusby, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomatosis — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Ca of Cervix & uterus — DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 1950, to 4-29, 1953, that I last saw the deceased alive on 4-29, 1953, and that death occurred at 10 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] — ADDRESS: Thomas — DATE SIGNED: 4/15/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 1, 1953 — NAME OF CEMETERY OR CREMATORY: Middleham Chapel — LOCATION (City, town, or county) (State): Lusby - Calvert Co., Md.

DATE REC'D BY LOCAL REGISTRAR: 4-30-53 — REGISTRAR'S SIGNATURE: N. W. Ward

24. FUNERAL DIRECTOR: A. A. Harkness & Son — ADDRESS: Mutual, Md.

2

RECEIVED
MAY 5 19
BUREAU V.S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly:

VS. A15

1. PLACE OF DEATH:
COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cooter
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Garrison (Middle) (Last) Edwards

4. DATE OF DEATH: (Month) April (Day) 3, (Year) 1953

5. SEX: male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: Oct 1, 187[illegible]

9. AGE last birthday: 80 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: STEVE EDWARDS

14. MOTHER'S MAIDEN NAME: HARRIET EDWARDS

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: ?

17. INFORMANT & ADDRESS: Mas Edith Applegate - Cooter, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Pulmonary Cong.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Chr. myocarditis

DUE TO (c)

Interval Between Onset And Death

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... ,19 .., to ....., 19 ..... , that I last saw the deceased alive on ..... , 19 , and that death occurred at ... , from the causes and on the date stated above.

SIGNATURE J. W. Reeves (Degree or title) M.D. ADDRESS Huntingtown Md DATE SIGNED 4/3/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF April 6/1953
NAME OF CEMETERY OR CREMATORY St. Johns Church Cemetery
LOCATION (City, town, or county) Lusby (State) Md
DATE RECD BY LOCAL REGISTRAR 4-6-53
REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR Leroy C. Berry
ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH:
COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Holland PK
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 1343 Newton Ave NW

3. NAME OF DECEASED: (Type or Print) (First) Lewis (Middle) B (Last) Gilmore

4. DATE OF DEATH: (Month) 4 (Day) 11 (Year) 1953

5. SEX: M

6. COLOR OR RACE:

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Jan 31-1924

9. AGE last birthday: 29 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Dental Technician

10b. KIND OF BUSINESS OR INDUSTRY: Dent Lab.

11. BIRTHPLACE (State or foreign country): Washington DC.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Lewis B. Gilmore

14. MOTHER'S MAIDEN NAME: Lucy Gilmore.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) 2nd W.W.

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Lucy Gilmore 2300 13th St N.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Coma — 4/11/53 — 6 Hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Found 4/25/53
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Found while swimming

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) 4 (Day) 11 (Year) 53 (Hour) 6 (m.) — INJURY OCCURED While at Work ☐ Not While At Work ☒ — HOW DID INJURY OCCUR? Coma swimming

22. I hereby certify that I attended the deceased from ....., 19.., to ....., 19.., that I last saw the deceased alive on ....., 19.., and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE Burdette Lutz — (Degree or title) — ADDRESS Emergency Hosp — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 4-25-53 — NAME OF CEMETERY OR CREMATORY Arlington Natl Cem — LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR 4-28-53 — REGISTRAR'S SIGNATURE N. W. Ward

24. FUNERAL DIRECTOR Brothers Funeral Home By: Otho F. Allen — ADDRESS 1200 4th St. N.W. Wash. D.C.

RECEIVED
MAY 5
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 57

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick (rural)
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick (rural)
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Benjamin (Middle) (Last) Hance
4. DATE OF DEATH: (Month) April (Day) 23, (Year) 1953
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: Dec. 10, 1887
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months 4 Days 13 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Self employed Lawyer
10b. KIND OF BUSINESS OR INDUSTRY: Lawyer
11. BIRTHPLACE (State or foreign country): Calvert County, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Young D. Hance
14. MOTHER'S MAIDEN NAME: Susan Bourne
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: 212-14-8595
17. INFORMANT & ADDRESS: Helen Hance - Prince Frederick, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Acute coronary occlusion
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive c. vd
DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/18, 1953, to 4/23, 1953, that I last saw the deceased alive on 4/23, 1953, and that death occurred at 12:30 a.m. from the causes and on the date stated above.
SIGNATURE (Degree or title) R. W. Williams M.D. ADDRESS St Leonard, Md DATE SIGNED 4/23/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Apr. 25 1953
NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery
LOCATION (City, town, or county) (State) Prince Frederick, Md
DATE REC'D BY LOCAL REGISTRAR 4-24-53
REGISTRAR'S SIGNATURE H.W. Ward
24. FUNERAL DIRECTOR A. A. Harkness & Son - Mutual, Md. ADDRESS

4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AM

APR 1953
EAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barstow
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Clarence (Middle) T. (Last) Hutchins
4. DATE OF DEATH: (Month) April (Day) 10, (Year) 1953
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: Jan. 3, 1877
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months 3 Days 4 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY: Dentist - Farmer
11. BIRTHPLACE (State or foreign country): Calvert County - Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas L. Hutchins
14. MOTHER'S MAIDEN NAME: Ann M. Bowen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: no
17. INFORMANT & ADDRESS: Reid Hutchins - Barstow, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
5 [illegible]		
Immediate cause	(a) Pulmonary Edema	16 hours
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) [illegible]	30 hours
	DUE TO (c) [illegible] following Cholecystectomy	5 days

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 0 m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify, that I attended the deceased from 3/20, 1953, to , 19 , that I last saw the deceased alive on 4/10, 1953 and that death occurred at , from the causes and on the date stated above.
SIGNATURE (Degree or title) [illegible]
ADDRESS Prince Frederick, Md
DATE SIGNED 4/11/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Apr. 13, 1953
NAME OF CEMETERY OR CREMATORY Asbury Cemetery
LOCATION (City, town, or county) (State) Barstow - Calvert Co - Md.
DATE REC'D BY LOCAL REGISTRAR 4/13/53
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR A. A. Harkness & Son - Mutual, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS. A

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solomons
LENGTH OF STAY (in this place) 4 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennsylvania COUNTY Fayette
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Uniontown
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Edward (Last) Mitchell

4. DATE OF DEATH: (Month) April (Day) 9, (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Feb. 25, 1880

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months 1 Days 14 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Miner

10b. KIND OF BUSINESS OR INDUSTRY: Mining

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 209-05-0027

17. INFORMANT & ADDRESS: Henry R Mitchell - Solomons

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion - Heart failure DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) — Generalized arterio-sclerosis DUE TO

(c)

Interval Between Onset And Death

4-20.1

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/7, 1953, to 4/9, 1953, that I last saw the deceased alive on 4/9, 1953 and that death occurred at 6 am, from the causes and on the date stated above.

SIGNATURE Ed Williams (Degree or title) M.D ADDRESS St Leonard, Md DATE SIGNED 4/5

23. BURIAL, CREMATION, REMOVAL (Specify) Removal-Burial DATE THEREOF Apr. 12, 1953 NAME OF CEMETERY OR CREMATORY Mountain View Cemetery LOCATION (City, town, or county) Brownfield, (State) Pennsylvania

DATE RECD BY LOCAL REGISTRAR 4-9-53 REGISTRAR'S SIGNATURE M. W. Ward

24. FUNERAL DIRECTOR C. C. Thickness & Son - Mutual, Md. ADDRESS

RECEIVED
APR 10
BUR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03893

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) George (Middle) Luther (Last) Monnett

4. DATE OF DEATH: (Month) April (Day) 23 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Mar. 21, 1874

9. AGE last birthday: 79 yrs.
IF UNDER 1 YEAR: Months / Days 2
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY: farming

11. BIRTHPLACE (State or foreign country): Calvert County, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Abram Monnett

14. MOTHER'S MAIDEN NAME: Priscilla Jane Ogden

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: no

17. INFORMANT & ADDRESS: John Monnett – Bowie, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause (a) Chronic nephritis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 4/25/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Apr. 26, 1953

NAME OF CEMETERY OR CREMATORY Waters Memorial Cem't

LOCATION (City, town, or county) Upland Creek (State) Md.

DATE REC'D BY LOCAL REGISTRAR 4/25/53

REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR A. A. Harkness & Son

ADDRESS Mutual Md.

RECEIVED
MAY 5 1953
BUREAU V. S.

Item 9 Film G153 4/13/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03894

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick, Md
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
STREET ADDRESS (If rural give location) Plum Point, Maryland

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Edward (Last) Wilburn

4. DATE OF DEATH: (Month) April (Day) 2 (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Sept 3, 1867
9. AGE last birthday: 85 ~~87~~ yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: farmer
11. BIRTHPLACE (State or foreign country): Calvert Co. Md
12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Virgil Wilburn
14. MOTHER'S MAIDEN NAME: Priscilla Wilburn

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mr. Guy Wilburn - Plum Point Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Coronary Occlusion
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive C.V. disease
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/25, 1953, to 4/2, 1953 that I last saw the deceased alive on 4/2, 1953 and that death occurred at 12:50 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Fagel Jr. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Apr. 4, 1953
NAME OF CEMETERY OR CREMATORY Emmanuel Cemetery
LOCATION (City, town, or county) Plum Point (State) Md.
DATE REC'D BY LOCAL REGISTRAR April 2/53
REGISTRAR'S SIGNATURE Grace L. Hutchins
24. FUNERAL DIRECTOR Wm H. Hutchins ADDRESS Owings, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 8 1953
BUREAU V. S.